

KAYO KONDO. *Patient-centred communication: Discourse of in-home medical consultations for older adults*. Bristol: Multilingual Matters, 2022. Pp.240. Hb. £109.95

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Kondo's ethnographic research offers a unique glimpse of the interactional sensitivities that appear to characterise encounters between family doctors and older patients, during routine home visits in Tokyo. To date, observations of consultations in both residential and East Asian settings have been underrepresented in the field of health communication, and this empirical study provides a rich, and poignant, insight into these contexts.

Tracing the evolution of person/patient-centred care (PCC), the opening chapter begins by exploring the shift towards Western communicative models in Japanese healthcare, and touching on some of the sociocultural tensions that may be invoked. This not to suggest that the promotion of participatory forms of communication are anachronistic to an Asian context, but that the ambiguous nature of what can be understood as a 'shared decision' may present challenges in a historically paternalistic and hierarchical professional arena. A detailed contextualisation of the research settings and methodology in Chapter 3 is preceded by an exploration of analytical methods which have been hugely influential in the field of health interaction. Of these, Kondo concludes that while politeness theory may be underpinned by problematic assumptions of universality, it nevertheless offers affordances in terms of examining processes of meaning making and negotiation, as well as complementing domains perceived as central to patient-centred care. Indeed, by integrating Brown and Levinson's (1987) foundational model, and its attention to facework, with existing guidance designed to support clinicians in operationalising PCC, Kondo introduces a persuasive analytical framework for exploring efforts at equitable medical interaction.

The following three chapters go on to present a selection of authentic data extracts from consultations with older adults and their families: they succeed in vividly illustrating practitioners' orientations towards patient-centred care. Kondo's professional participants demonstrate the ability to employ a range of interactional strategies and face-saving techniques in an effort to mitigate any imposition upon elderly patients: doctors listen actively with empathy and good humour. However, the specific medical and sociocultural context highlights complex tensions. In contrast to more individualistic models of PCC, Kondo explains that family members are likely to be closely involved in the care of elderly relatives and to participate in multi-authored consultations. Although their contributions are welcomed by professionals for the valuable insight they offer into a person's lifeworld, one drawback of this type of interaction is that an expanded discursive space has the potential to inadvertently shift attention from the patient and compromise the delicate balance between informed decision making and personal autonomy.

It is equally true, as Kondo reflects in the final chapter, that while culturally informed politeness strategies, employed by Japanese medical professionals to indicate respect for their elders and protect sensitivities, may problematise notions of what constitutes clear communication, they are based on sociocultural norms that are crucial for patient engagement. By drawing attention to the local challenges in reconciling models of interaction and PCC, Kondo's innovative framework makes a practical contribution to the field and this fascinating volume is likely to prove of great interest to those working in medical education.